

# INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

## SECTION 1

1. PROVIDER ID: COMPLETE THIS SECTION **ONLY** IF YOU ALREADY HAVE A VALID PROVIDER ID NUMBER AND ARE SUBMITTING THIS FORM TO **UPDATE OR CHANGE INFORMATION**.
  
2. PROVIDER NAME: **MANDATORY**  
  
THE NAME BY WHICH THE PROVIDER IS TO BE KNOWN TO AHCCCS. IF THE PROVIDER IS AN INDIVIDUAL, ENTER HIS/HER NAME IN THE FOLLOWING FORMAT:  
  
LAST NAME/FIRST NAME/MIDDLE INITIAL  
  
IF THE PROVIDER IS A GROUP OR ORGANIZATION, ENTER THE FULL NAME BY WHICH THE GROUP OR ORGANIZATION IS KNOWN.
  
3. SOCIAL SECURITY NUMBER: **MANDATORY (FOR INDIVIDUAL PROVIDERS)**.  
FOR AN INDIVIDUAL PROVIDER, ENTER HIS/HER SOCIAL SECURITY NUMBER. PROVIDING A SOCIAL SECURITY NUMBER (SSN) IS MANDATORY FOR A PROVIDER IN A SOLO PRACTICE OR IF CLAIMS ARE REQUIRED TO IDENTIFY THE INDIVIDUAL PRACTITIONER. AN EMPLOYER IDENTIFICATION NUMBER (EIN) IS REQUIRED FOR ALL OTHER PROVIDERS. THIS INFORMATION IS USED TO IDENTIFY THE PROVIDER AND TO REPORT PAYMENTS TO THE INTERNAL REVENUE SERVICE USING THE SSN OR EIN FOR THE ENTITY THAT RECEIVE PAYMENT FROM THE ADMINISTRATION. SEE 42 CFR 433.337. IN ADDITION, THE ADMINISTRATION IS REQUIRED TO NOTIFY THE HEALTH INTEGRITY PROTECTION DATA BANK (HIPDB) OF ACTIONS TAKEN AGAINST AN INDIVIDUAL'S PROVIDER'S LICENSE, CONVICTIONS RELATED TO THE DELIVERY OF HEALTH CARE, AND EXCLUSION FROM PARTICIPATION IN ANY STATE HEALTH CARE PROGRAM. THE ADMINISTRATION MUST SUPPLY THE SSN OF ANY INDIVIDUAL PROVIDERS REPORTED TO THE HIPDB. SEE 45 CFR 61.7, .8, AND .10.
  
4. DEGREE: ENTER THE APPROPRIATE CODE FOR THE DEGREE OR DEGREES, WHICH HAVE BEEN AWARDED TO THE PROVIDER, IF APPLICABLE. IF UNKNOWN LEAVE BLANK.

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5. ENROLLMENT BEGIN DATE: **AHCCCS PERSONNEL USE ONLY.**
6. PROVIDER TYPE: **AHCCCS PERSONNEL USE ONLY.**
7. FEE FOR SERVICE TYPE: THIS SECTION MUST BE COMPLETED IF YOU WANT TO ACCEPT FFS RECIPIENTS. ENTER ONE OF THE FOLLOWING CODES:
- 01 – WILL ACCEPT FFS RECIPIENTS/WALK-INS.  
02 – NOTIFIED/BY APPOINTMENT ONLY.  
03 – WILL ACCEPT FFS RECIPIENT FOR EMERGENCIES ONLY.
8. IHS IND: IF AN INDIAN HEALTH SERVICES (IHS) PROVIDER, ENTER YES.
9. APPLICATION DATE: **MANDATORY.**
- ENTER THE DATE THE PROVIDER COMPLETED THE REGISTRATION FORM.
10. FIRST DATE OF SERVICE: IF YOU HAVE FURNISHED OR INTEND TO FURNISH SERVICES PRIOR TO APPROVAL OF YOUR REGISTRATION AS AN AHCCCS PROVIDER OR PRIOR TO RECEIPT OF YOUR PROVIDER ID NUMBER, YOU MUST ENTER THE **FIRST DATE OF SERVICE** FOR WHICH YOU WILL SUBMIT A CLAIM TO AHCCCS, A HEALTH PLAN OR A PROGRAM CONTRACTOR. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIED CLAIMS. IF REQUESTED BY PROVIDER, REGISTRATION CAN BE RETROACTIVE TO THE DATE OF THE PROVIDER'S LICENSE TO COVER ANY PRIOR DATES OF SERVICE.

### SECTION II ADDRESS INFORMATION

**NOTE: THE FOLLOWING FIELDS ARE ASSOCIATED WITH THE THREE PROVIDER ADDRESS TYPES LISTED BELOW:**

CORRESPONDENCE: **MANDATORY.**

C: THE ADDRESS TO WHICH ALL AHCCCS CORRESPONDENCE FOR THE PROVIDER SHOULD BE MAILED. THIS ADDRESS MUST BE A STREET ADDRESS, NOT A P.O. BOX.

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PAY-TO: **MANDATORY.**

P: THE ADDRESS TO WHICH PAYMENTS FOR SERVICES PROVIDED BY THE PROVIDER ARE TO BE MAILED. MULTIPLE PAY-TO LOCATION MAY BE IDENTIFIED.

SERVICE: **MANDATORY.**

S: THE STREET ADDRESS AT WHICH THE PROVIDER PROVIDES SERVICES. MULTIPLE SERVICE LOCATIONS MAY BE IDENTIFIED. **DO NOT ENTER A P.O. BOX, DRAWER, OR FILE NUMBER. SERVICE ADDRESS MUST REFLECT A PHYSICAL LOCATION.**

11. TREET LINE 1: ENTER THE ADDRESS FOR THE PROVIDER. THE SERVICE ADDRESS MUST BE A STREET ADDRESS.

12. STREET LINE 2: ENTER ADDITIONAL ADDRESS INFORMATION FOR THE PROVIDER, IF NECESSARY

13. CITY, STATE, ZIP: ENTER THE APPROPRIATE CITY ASSOCIATED WITH THE PROVIDER'S ADDRESS INFORMATION. ENTER THE APPROPRIATE 2-DIGIT ABBREVIATION IDENTIFYING THE STATE ASSOCIATED WITH THE PROVIDER'S ADDRESS INFORMATION. ENTER THE VALID 5-DIGIT CODE FOR THE ZIP CODE ASSOCIATED WITH THE PROVIDER'S ADDRESS.

14. COUNTY CODE: ENTER THE APPROPRIATE 2-DIGIT CODE FOR THE ARIZONA COUNTY, THE OUT-OF-STATE CODE, OR THE OUT-OF-COUNTY CODE ASSOCIATED WITH THE PROVIDER'S ADDRESS.

15. COUNTRY CODE: **AHCCCS PERSONAL USE ONLY.**

16. BUSINESS PHONE: ENTER THE PHONE NUMBER (INCLUDING AREA CODE), TO BE USED WHEN CONTACTING THE PROVIDER DURING NORMAL BUSINESS HOURS.

17. EMERGENCY PHONE: ENTER THE PHONE NUMBER (INCLUDING AREA CODE), TO BE USED TO CONTACT THE PROVIDER IN CASE OF AN EMERGENCY.

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18. ATTENTION TO: ENTER THE PERSON OR DEPARTMENT TO WHOM ALL INQUIRIES OR CORRESPONDENCE SHOULD BE ADDRESSED AT THE GIVEN ADDRESS, IF APPLICABLE.
19. BEGIN DATE: ENTER THE DATE ON WHICH THE ADDRESS SPECIFIED BECAME EFFECTIVE.
20. END DATE: ENTER THE DATE ON WHICH THE ADDRESS INFORMATION EXPIRES, IF APPLICABLE.

**REPEAT INSTRUCTIONS (11 THROUGH 20) FOR ALL CORRESPONDENCE, PAY-TO, AND SERVICE ADDRESS.**

**NOTE: THE FOLLOWING FIELDS ARE ADDITIONAL ADDRESS INFORMATION.**

21. EMPLOYER TAX ID: **MANDATORY (FOR CORPORATE PROVIDERS).**  
  
ENTER THE FEDERAL ID, WHICH IDENTIFIES THE PROVIDER FOR TAX PURPOSES. IF THE PROVIDER IS AN INDIVIDUAL WITHOUT A TAX ID, **THE SSN MUST BE PROVIDED IN #3.**
22. PAY-TO LOCATION CODE: ENTER THE APPROPRIATE SITE ID TO WHICH PAYMENT FOR SERVICES PERFORMED AT THIS SERVICE ADDRESS ARE TO BE SENT, APPLICABLE IF THE PROVIDER HAS MULTIPLE PAY-TO ADDRESSES. FOR EXAMPLE, SITE 01 OR SITE 02.

### SECTION III

**NOTE: A COPY OF THE LICENSE/CERTIFICATION MUST BE SUBMITTED TO THE AHCCCS PROVIDER REGISTRATION UNIT FOR VERIFICATION. LICENSE MUST COVER DATES OF SERVICE.**

23. LICENSE NUMBER: **MANDATORY.** ENTER THE APPROPRIATE IDENTIFICATION NUMBER FOR THE PROVIDER'S LICENSE OR CERTIFICATION.
24. ISSUE DATE: **MANDATORY.** ENTER THE DATE THE LICENSE OR CERTIFICATION WAS ORIGINALLY ISSUED BY THE AGENCY, INCLUDING FULL CENTURY AND YEAR. FOR EXAMPLE, 09/09/1999. THE LICENSE MUST COVER DATES OF SERVICE.

## INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

25. EXPIRATION DATE: **MANDATORY.** ENTER THE DATE THE LICENSE OR CERTIFICATION EXPIRES.
26. NEXT RENEWAL DATE: **MANDATORY.** ENTER THE DATE ON WHICH THE LICENSE OR CERTIFICATION SPECIFIED IS DUE TO BE RENEWED.
27. PROVIDER SPECIALTY INFORMATION: ENTER THE APPROPRIATE SPECIALTIES IN WHICH THE PROVIDER IS CERTIFIED OR LICENSED TO PRACTICE.
28. BEGIN DATE: ENTER THE APPROPRIATE BEGIN DATE FOR THE PROVIDER'S SPECIALTY, IF APPLICABLE.
29. END DATE: ENTER THE APPROPRIATE END DATE FOR THE PROVIDER'S SPECIALTY, IF APPLICABLE.
30. BED TYPE: **MANDATORY FOR HOSPITALS, NURSING HOME AND HOSPICE FACILITIES.** ENTER THE APPROPRIATE CODE INDICATING THE LEVEL OF CARE OR TYPE OF BEDS THE FACILITY PROVIDER OPERATES.
31. STATE CERTIFIED COUNT: ENTER THE APPROPRIATE NUMBER OF BEDS, WHICH THE PROVIDER'S FACILITY OPERATES, WHICH ARE STATE CERTIFIED BEDS, IF APPLICABLE. LIST BY LEVEL OF CARE OR BED TYPE.
32. MEDICARE CERTIFIED COUNT: ENTER THE APPROPRIATE NUMBER OF BEDS WHICH THE PROVIDER'S FACILITY OPERATES, WHICH ARE **MEDICARE** CERTIFIED, IF APPLICABLE. LIST BY LEVEL OF CARE OR BED TYPE.
33. MEDICAID CERTIFIED COUNT: ENTER THE APPROPRIATE NUMBER OF BEDS WHICH THE PROVIDER'S FACILITY OPERATES, WHICH ARE **MEDICAID** CERTIFIED, IF APPLICABLE. LIST BY LEVEL OF CARE OR BED TYPE.
34. BEGIN DATE: ENTER THE DATE CORRESPONDING TO FIRST DATE THE PROVIDER BEGAN OPERATION OF THESE BEDS, IF APPLICABLE.

## INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

35. END DATE: ENTER THE LAST DATE ON WHICH THE PROVIDER IS IN OPERATION OF THESE BEDS, IF APPLICABLE.
36. AUTHORIZED SIGNATURE: INDIVIDUAL(S) WHO IS/ARE AUTHORIZED TO ACT AS A SIGNOR FOR THE PROVIDER WITH REGARD TO AHCCCS CLAIMS AND CORRESPONDENCE **MUST SIGN WITH USUAL SIGNATURE.** THE PROVIDER MUST SIGN THE REGISTRATION FORM.
37. PRINT NAME (S): PRINT THE NAMES OF INDIVIDUALS WHOSE AUTHORIZED SIGNATURE APPEARS IN 36.
38. BEGIN DATE: ENTER THE APPROPRIATE DATE ON WHICH THE AUTHORIZED SIGNATURE BECAME EFFECTIVE, IF APPLICABLE.
39. GROUP NAME & AHCCCS ID NUMBER: **MANDATORY FOR GROUP BILLING AUTHORIZATION** ENTER THE GROUP NAME & AHCCCS PROVIDER ID NUMBER OF THE GROUP AUTHORIZED TO BILL ON BEHALF OF THE PROVIDER.
40. ASSOCIATION BEGIN DATE: ENTER THE APPROPRIATE DATE ON WHICH THE PROVIDER'S ASSOCIATION WITH THE GROUP BECAME EFFECTIVE, IF APPLICABLE.
41. ASSOCIATION END DATE: ENTER THE APPROPRIATE DATE ON WHICH THE PROVIDER'S ASSOCIATION WITH THE GROUP TERMINATES, IF APPLICABLE.
42. MEDICARE ID NO.: **MANDATORY FOR ALL PROVIDERS. IF NOT A MEDICARE PROVIDER INDICATE BY PLACING N/A IN BLOCK #42.** ENTER THE MEDICARE ID NUMBER ASSIGNED TO THE PROVIDER BY MEDICARE. (FOR MEDICARE INFORMATION CONTACT THE LOCAL MEDICARE OFFICE.)
43. MEDICARE COVERAGE: ENTER THE CODE INDICATING THE TYPE OF MEDICARE COVERAGE THE PROVIDER IS ELIGIBLE TO PROVIDE. EITHER PART A OR PART B.
44. INTERMEDIARY CODE: ENTER THE INTERMEDIARY NUMERIC CODE ASSOCIATED WITH THE PROVIDER'S MEDICARE PART A.
45. CARRIER CODE: ENTER THE PRIMARY INSURANCE NUMERIC CARRIER CODE ASSOCIATED WITH THE PROVIDER'S MEDICARE PART B.

## INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

46. BEGIN DATE: ENTER THE APPROPRIATE DATE ON WHICH THE PROVIDER'S MEDICARE COVERAGE BEGAN. INCLUDING FULL CENTURY AND YEAR. FOR EXAMPLE, 09/09/1999.
47. END DATE: ENTER THE APPROPRIATE DATE ON WHICH THE PROVIDER'S MEDICARE COVERAGE ENDS, IF APPLICABLE.
48. PROVIDER SIGNATURE: **MANDATORY.** THE APPLICATION IS NOT VALID UNLESS SIGNED BY THE PROVIDER.
49. DATE: **MANDATORY.** THE DATE THIS APPLICATION IS SIGNED.
50. PROVIDER NAME: PLEASE TYPE THE NAME INDIVIDUAL WHOSE SIGNATURE APPEARS IN 48.

## INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

DEGREES: TO BE USED FOR INFORMATION FIELD NUMBER 4

<u>DEGREE</u>	<u>DESCRIPTION</u>
<u>BA</u>	BACHELOR OF ARTS
<u>BS</u>	BACHELOR OF SCIENCE
<u>CNM</u>	CERTIFIED NURSE-MIDWIFE
<u>CORT</u>	CERTIFIED OPERATING ROOM TECHNICIAN
<u>CRNA</u>	CERTIFIED REGISTERED NURSE ANESTHETIST
<u>DC</u>	DOCTOR OF CHIROPRACTIC MEDICINE
<u>DDS</u>	DOCTOR OF DENTISTRY
<u>DMD</u>	DOCTOR OF DENTAL MEDICINE
<u>DO</u>	DOCTOR OF DENTAL OSTEOPATHIC
<u>DPM</u>	DOCTOR OF PODIATRY MEDICINE
<u>ED.D</u>	DOCTOR OF EDUCATION
<u>HT</u>	HEARING THERAPIST
<u>LPN</u>	LICENSED PRACTICAL NURSE
<u>LPT</u>	LICENSED PHYSICAL THERAPIST
<u>LVN</u>	LICENSED VOCATIONAL NURSE
<u>MA</u>	MASTER OF ARTS
<u>MD</u>	MEDICAL DOCTOR
<u>MS</u>	MASTER OF SCIENCE
<u>MSW</u>	MASTERS IN SOCIAL WORK
<u>ND</u>	NATUROPATHIC DOCTOR
<u>OD</u>	OPTOMETRIST
<u>OT</u>	OCCUPATIONAL THERAPIST
<u>OTR</u>	OCCUPATIONAL THERAPIST REGISTERED
<u>PA</u>	PHYSICIAN ASSISTANT
<u>PA-C</u>	PHYSICIAN ASSISTANT CERTIFIED
<u>PCS</u>	PHARMACIST
<u>Ph.D.</u>	DOCTOR OF PHILOSOPHY
<u>PT</u>	PHYSICAL THERAPIST
<u>RN</u>	REGISTERED NURSE
<u>RPT</u>	REGISTERED PHARMACIST
<u>RPT</u>	REGISTERED PHYSICAL THERAPIST
<u>RT</u>	RESPIRATORY THERAPIST
<u>ST</u>	SPEECH THERAPIST

## INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

COUNTY: TO BE USED FOR INFORMATION FIELD NUMBER 14. ENTER THE PROVIDER'S 2-DIGIT COUNTY CODE FROM THE FOLLOWING LIST.

Code	County
01	Apache
03	Cochise
05	Coconino
07	Gila
09	Graham
11	Greenlee
13	Maricopa
15	Mohave
17	Navajo
19	Pima
21	Pinal
23	Santa Cruz
25	Yavapai
27	Yuma
29	La Paz
31	Out of State
33	Out of County
35	Unknown
99	Statewide

# INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

## MEDICAL SPECIALTY CODES FOR M.D.'S AND D.O.'S

SPECIALTY CODES: USE FOR INFORMATION FIELD NUMBER 27

175	ACUPUNCTURIST	971	INDUSTRIAL MEDICINE
951	ADDICTION MEDICINE	066	INFECTIONS DISEASE
176	ADOLESCENT MEDICINE	060	INTERNAL MEDICINE
180	ADMINISTRATIVE MEDICINE	122	LARYNGOLOGIST
185	AEROSPACE MEDICINE	960	LEGAL MEDICINE
011	ALLERGIST	092	MATERNAL & FETAL MEDICINE
010	ALLERGIST/IMMUNOLOGIST	969	MEDICAL TOXICOLOGY
020	ANESTHESIOLOGIST	400	MICROBIOLOGY
925	AUDIOLOGIST	072	MICROBIOLOGY-OTHER
410	BACTERIOLOGY	450	MYCOLOGY
953	BRONCHO-ESOPHAGOGY	961	NEOPLASTIC DISEASES
927	CARDIOLOGIST	067	NEPHROLOGIST
062	CARDIOVASCULAR MEDICINE	075	NEUROLOGIST
954	CHEMICAL DEPENDENCY	141	NEUROPATHOLOGY
585	CLINICAL CHEMISTRY-OTHER	080	NUCLEAR MEDICINE
251	CRITICAL CARE MEDICINE	081	NUCLEAR PHYSICS
040	DERMATOLOGIST	962	NUCLEAR RADIOLOGY
143	DERMATOPATHOLOGY	187	NUTRITION
956	DIABETES	091	OBSTETRICIAN
957	DIAGNOSTIC LABORATORY	089	OBSTETRICIAN & GYNECOLOGIST
	IMMUNOLOGY	100	OPHTHALMOLOGIST
913	DIALYSIS	183	OCCUPATIONAL MEDICINE
250	EMERGENCY MEDICINE	241	ONCOLOGIST
901	EMERGENCY ROOM PHYSICIANS	950	ORTHOPEDIST
063	ENDOCRINOLOGIST	972	OSTEOPATHIC MANIPULATIVE
050	FAMILY PRACTICE		MEDICINE
064	GASTROENTEROLOGIST	161	OSTEOPATHIC MANIPULATIVE
055	GENERAL PRACTICE		THERAPY
082	GERONTOLOGIST	120	OTOLARYNGOLOGIST
090	GYNECOLOGIST	124	OTOLOGIST
958	GYNECOLOGICAL ONCOLOGY	935	OTORHINOLARYNGOLOGIST
065	HERMATOLOGIST	964	PAIN CONTROL
970	HEMATOLOGY & ONCOLOGY	530	PATHOLOGY
574	HISTOCOMPATIBILITY	952	PATHOLOGY-ANATOMIC
074	HISTOPATHOLOGY	135	PATHOLOGY ANATOMICAL &
077	HOMEOPATHIC		CLINICAL
078	HYPNOTIST	955	PATHOLOGY-CHEMICAL
012	IMMUNOLOGIST	136	PATHOLOGY-FORENSIC
490	IMMUNOHEMATOLOGY	967	PATHOLOGY-RADIOISOTOP
073	IMMUNOHEMATOLOGY-OTHER	460	PARASITOLOGY
959	IMMUNOHEMATOLOGY	150	PEDIATRICIAN

# INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

## MEDICAL SPECIALTY CODES FOR M.D.'S AND D.O.'S

SPECIALTY CODES: USE FOR INFORMATION FIELD NUMBER 27

157	PEDIATRIC ALLERGIST	213	SURGERY-HAND
151	PEDIATRIC CARDIOLOGIST	214	SURGERY-HAND & NECK
156	PEDIATRIC ENDOCRINOLOGIST	215	SURGERY-MAXILLOFACIAL
152	PEDIATRIC HEMATOLOGIST	070	SURGERY-NEUROLOGY
963	PEDIATRIC HEMATOLOGY- ONCOLOGY	110	SURGERY-ORTHOPEDIC
155	PEDIATRIC NEONATAL/PERINATAL MEDICINE	441	SURGERY-OPHTHALMOLOGICAL
154	PEDIATRIC NEPHROLOGIST	153	SURGERY-PEDIATRIC
076	PEDIATRIC NERUOLOGIST	170	SURGERY-PLASTIC
943	PEDIATRIC ORTHOPEDIST	171	SURGERY-PLASTIC OTOLARYNGOLOGICAL-FACIAL
191	PEDIATRIC PSYCHIATRIST	216	SURGERY-TRAUMA
158	PEDIATRIC RADIOLOGY	220	SURGERY-THORACIC
188	PHARMACOLOGIST	218	SURGERY-VASCULAR
160	PHYSICAL MEDICINE/REHAB	217	SURGERY-UROLOGICAL
182	PREVENTIVE MEDICINE	230	UROLOGIST
184	PUBLIC HEALTH	440	VIROLOGY
068	PULMONARY DISEASE		
192	PSYCHIATRIST		
195	PSYCHIATRIST & NEUROLOGIST		
965	PSYCHOANALYSIS		
189	PSYCHOSOMATIC MEDICINE		
973	PROCTOLOGY		
200	RADIOLOGY		
201	RADIOLOGY-DIAGNOSTIC		
968	RADIOLOGY-ONCOLOGY		
205	RADIOLOGY-THERAPEUTIC		
966	RETIRED		
069	RHEUMATOLOGIST		
093	REPRODUCTIVE ENDOCRINOLOGIST		
125	RHINOLOGIST		
974	REHABILITATION MEDICINE		
975	ROENTGENOLOGY		
976	SCLEROTHERAPY		
430	SEROLOGY		
162	SPORTS MEDICINE		
210	SURGERY		
211	SURGERY-ABDOMINAL		
212	SURGERY-CARDIOVASCULAR		
030	SURGERY-COLON/RECTAL		
219	SURGERY-GYNECOLOGICAL		

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SPECIALTY CODES: USE FOR INFORMATION FIELD NUMBER 27

## **REGISTERED NURSE PRACTITIONER CODES**

097	ADULT NURSE PRACTITIONER
084	FAMILY NURSE PRACTITIONER
85	FAMILY PLANNING NURSE ASSOCIATE
088	GERIATRIC NURSE PRACTITIONER
096	NEONATAL NURSE PRACTITIONER
087	PEDIATRIC NURSE PRACTITIONER
086	PEDIATRIC NURSE ASSOCIATE
098	PSYCH/MENTAL HEALTH NURSE PRACTITIONER
095	WOMEN'S HC/OB-GYN NURSE PRACTITIONER

## **OTHER REGISTERED NURSE CATEGORIES:**

### **NURSE-MIDWIFE**

094	REGISTERED NURSE MIDWIFE
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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

020	ANESTHESIOLOGIST
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### **PODIATRIST CODES**

650	PODIATRIST
484	SURGERY

### **DENTISTRY CODES**

809	ANESTHESIOLOGIST	804	PEDODONTIST
802	ENDODONIST	806	PERIODONTIST
800	GENERAL	805	PROSTHONTIST
803	ORAL PATHOLOGIST	807	PUBLIC HEALTH
808	ORAL SURGEON	977	SURGERY-ORAL &
801	ORTHODONTURE		MAXILLOFACIAL

# INSTRUCTIONS FOR COMPLETING THE PROVIDER REGISTRATION FORM

## SPECIALTY CODES FOR NON-PHYSICIAN CATEGORIES

SPECIALTY CODES: USE INFORMATION FIELD NUMBER 27

### LABORATORY SPECIALTY CODES

<u>CODE</u>	<u>DESCRIPTION</u>
574	HISTOCOMPATABILITY
400	MICROBIOLOGY
410	BACTERIOLOGY
450	MYCOLOGY
460	PARASITOLOGY
440	VIROLOGY
072	OTHER MICROBIOLOGY
430	SEROLOGY
431	SYPHILIS
437	OTHER SEROLOGY
510	CLINICAL CHEMISTRY
511	ROUTINE CHEMISTRY
524	URINALYSIS
585	OTHER CLINICAL CHEMISTRY
490	IMMUNOHEMATOLOGY
464	BLOOD GROUPING & RH TYPING
500	RH TITERS
501	CROSSMATCHING
073	OTHER IMMUNOHEMATOLOGY
131	BLOOD BANKING
470	PREGNANCY TESTING
503	PHYSIOLOGICAL TESTING
504	EKG SERVICES
550	RADIOBIOASSAY
900	PROCEDURES-ANY CERTIFIED LAB
913	DIALYSIS

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SPECIALTY CODES: USE INFORMATION FIELD NUMBER 27

### **NON PHYSICIAN SPECIALTIES**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
925	AUDIOLOGIST
187	NUTRITIONIST
600	OPTOMETRIST
015	OPTICIAN
188	PHARMACOLOGIST
798	PHYSICIAN ASSISTANT
650	PODIATRIST
083	PSYCHOLOGIST
166	THERAPIST-OCCUPATIONAL
167	THERAPIST-PHYSICAL
071	MSW SOCIAL WORKER
175	ACUPUNCTURIST
178	HYPNOTIST
184	PUBLIC HEALTH

### **RADIOLOGIST SPECIALIST**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
080	NUCLEAR
200	RADIOLOGY
201	RADIOLOGY-DIAGNOSTIC
158	RADIOLOGY-PEDIATRIC
205	RADIOLOGY-THERAPEUTIC

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SPECIALTY CODES: USE INFORMATION FIELD NUMBER 27

### **PATHOLOGY SPECIALIST**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
530	PATHOLOGY
074	HISTOPATHOLOGY
532	ORAL PATHOLOGY
540	EXFOLIATIVE CYTOLOGY
135	ANATOMICAL/CLINICAL PATHOLOGY
136	FORENSIC PATHOLOGY
138	MEDICAL CHEMISTRY
141	NEUROPATHOLOGY
143	DERMATOPATHOLOGY

### **MISCELLANEOUS SPECIALTIES**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
799	NO SPECIALTY REQUIRED
901	EMERGENCY ROOM PHYSICIANS
077	HOMEOPATHIC
714	EYE (LOW VISION SPECIALIST)

SPECIALTY CODES: USE INFORMATION FIELD 30

### **BED COUNT INFORMATION**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
ACUT	ACUTE BEDS
ICF	INTERMEDIATE CARE FACILITY
ICFM	INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
SNF	SKILLED NURSING FACILITY
SWBD	SWING BEDS

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## **INTERMEDIARY CODES-MEDICARE PART A**

USE FOR INFORMATION FIELD NUMBER 44

<b>CONTRACTOR NUMBER</b>	<b>CONTRACTOR LOCATION</b>	<b>REGION</b>
00010	BIRMINGHAM, ALABAMA	ATLANTA
00090	JACKSONVILLE, FLORIDA	ATLANTA
00101	COLUMBUS, GEORGIA	ATLANTA
00160	LOUISVILLE, KENTUCKY	ATLANTA
00230	JACKSON, MISSISSIPPI	ATLANTA
00310	DURHAM, NORTH CAROLINA	ATLANTA
00380	COLUMBIA, SOUTH CAROLINA	ATLANTA
00390	CHATTANOOGA, TENNESSEE	ATLANTA
00060	NORTH HAVEN, CONNECTICUT	BOSTON
00180	PORTLAND, MAINE	BOSTON
00200	BOSTON, MASSACHUSETTS	BOSTON
00270	CONCORD, NEW HAMPSHIRE (INCLUDE VERMONT)	BOSTON
00370	PROVIDENCE, RHODE ISLAND	BOSTON
50072	TRAVELERS- CONNECTICUT	BOSTON
50230	TRAVELERS- MICHIGAN	BOSTON
50333	TRAVELERS- NEW YORK	BOSTON
51051	AETNA- CALIFORNIA	BOSTON
51070	AETNA- CONNECTICUT	BOSTON
51100	AETNA- FLORIDA	BOSTON
51140	AETNA- ILLINOIS	BOSTON
51290	AETNA- NEVADA	BOSTON
51441	AETNA- TENNESSEE	BOSTON
51500	AETNA- WASHINGTON	BOSTON
51390	AETNA- PENNSYLVANIA	BOSTON
00121	CHICAGO, ILLINOIS	CHICAGO
00130	INDIANAPOLIS, INDIANA	CHICAGO
00210	DETROIT, MICHIGAN	CHICAGO
00220	ST. PAUL, MICHIGAN	CHICAGO
00332	CINCINNATI, OHIO	CHICAGO
00450	MILWAUKEE, WISCONSIN	CHICAGO

**\*WHEN NOT OTHERWISE DESIGNATED, CARRIER IS BLUE CROSS OR BLUE SHIELD**

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## INTERMEDIARY CODES-MEDICARE PART A

USE FOR INFORMATION FIELD NUMBER 44

CONTRACTOR NUMBER	CONTRACTOR LOCATION	REGION
00020	LITTLE ROCK, ARKANSAS	DALLAS
00170	BATON ROUGE, LOUISIANA	DALLAS
00290	ALBUQUERQUE, NEW MEXICO	DALLAS
00340	TULSA, OKLAHOMA	DALLAS
00400	DALLAS, TEXAS	DALLAS
00250	GREAT FALLS, MONTANA	DENVER
00320	FARGO, NORTH DAKOTA	DENVER
00410	SALT LAKE CITY, UTAH	DENVER
00460	CHEYENNE, WYOMING	DENVER
00140	DES MOINES, IOWA	KANSAS CITY
00141	SIOUX CITY, IOWA	KANSAS CITY
00150	TOPEKA, KANSAS	KANSAS CITY
00241	ST. LOUIS, MISSOURI	KANSAS CITY
00260	OMAHA, NEBRASKA	KANSAS CITY
12280	MUTUAL OF OMAHA	KANSAS CITY
00280	NEWARK, NEW JERSEY	NEW YORK
00307	NEW YORK, NEW YORK	NEW YORK
00070	WILMINGTON, DELAWARE	PHILADELPHIA
00190	TIMONIUM, MARYLAND	PHILADELPHIA
00362	PHILADELPHIA, PENNSYLVANIA	PHILADELPHIA
00363	PITTSBURGH, PENNSYLVANIA	PHILADELPHIA
00423	RICHMOND, VIRGINIA	PHILADELPHIA
00441	CHARLESTON, WEST VIRGINIA	PHILADELPHIA
00030	PHOENIX, ARIZONA	SAN FRANCISCO
00040	VAN NUYS, CALIFORNIA	SAN FRANCISCO
17120	HAWAII, MEDICAL	SAN FRANCISCO
00350	PORTLAND, OREGON	SEATTLE
00430	SEATTLE, WASHINGTON	SEATTLE

**\*WHEN NOT OTHERWISE DESIGNATED, CARRIER IS BLUE CROSS OR BLUE SHIELD**